

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
03-07

2. STATE  
ALASKA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
April 1, 2003

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ 100,000  
b. FFY 04 \$ 400,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attached Sheet to Attachment 3.1A, Page 9a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
New Page

10. SUBJECT OF AMENDMENT:  
Behavioral Rehabilitative Services

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

John Gaisford

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

JUN 12 2003

18. DATE APPROVED:

JUL 11 2003

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APR - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator  
Division of Medicaid &  
Children's Health

23. REMARKS:

POSTED

6/10

(DATE)

Janeen

(DATE)

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**Description of Service Limitations**

**(D) Other Settings for Service Delivery**

Behavioral Rehabilitative Services may be provided in a foster-care or adoptive setting that is less restrictive and more normative than a residential setting. The state child placement agency determines whether behavioral rehabilitative services are necessary and appropriate in the foster-care or adoptive setting. Services are authorized through an evaluation process and results are incorporated into the child's case plan.

Foster- or adoptive-care settings are licensed under state law and approved by the state agency. State licensed social workers, psychiatric nurses, or agency-certified caseworkers provide professional supervision of behavioral rehabilitative services delivered in these settings. The state agency provides quality assurance to ensure each child receives the services appropriate for their needs. Service provider qualifications for each care setting are defined in state regulations.

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TN No. 03-07 Approval Date \_\_\_\_\_ Effective Date: April 1, 2003

Supersedes TN No Addition to 00-003